

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/593,693</b>		FILING DATE <b>9-20-06</b>					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
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TOTAL IND.	2	↓	2	↓		↓			↓		↓		↓
TOTAL DEP.	6	←	6	←		←			←		←		←
TOTAL CLAIMS	8		8										